the post-operative course, and the different ways of management of these cases.

Results: We have 1135 cases operated during the study period, 57 cases (5%) were complicated with chylothorax in the post-operative period, 30 patients (54%) were males, while 27 cases (47%) were females, the age ranged from 4 to 2759 days. The most common surgeries complicated with chylothorax were the single ventricle repair surgeries (Glenn–Fontan) 15 cases (27%), followed by the arch repair cases 10 cases (18%), the ventricular septal defect cases 10 cases (18%), the Atrioventricular septal defect cases 7 cases (12%), the arterial switch cases 6 cases (11%), and others 8 cases (14%).

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SHA 079. Importance of combining clinical judgment, ECG and echocardiography to recognize ALCAPA in patients with dilated cardiomyopathy

Muhammad Arif Khan, Maged Mohamed El Samady, Abdulrahman Almoukirish, Omar Galal
King Fahad Medical City, Pediatric Cardiology, Riyadh, Saudi Arabia
E-mail address: marifkhan99@yahoo.com (M.A. Khan)

Objectives: Anomalous left coronary artery originating from pulmonary artery (ALCAPA) is a rare and serious congenital anomaly. Most patients present at age of 1–2 months. Late referral due to wrong diagnosis of dilated cardiomyopathy (DCM) has catastrophic outcome.

Methods: Between October 09 and October 10, 18 patients (median age 13 months) were referred with diagnosis of DCM. Patients underwent detailed history, physical examination, investigations including Echocardiography. Left sided obstructions were excluded. LV function was evaluated and coronary arteries were carefully assessed.

Results: Two patients were suspected as ALCAPA by clinical evaluation and ECG.

First case: 5 months old boy referred with diagnosis of DCM. The patient had manifestations of heart failure. ECG showed Q waves in lead aVL. Echo showed decreased LV systolic function, dilated right coronary artery,and left coronary artery arising from pulmonary artery with diastolic flow to pulmonary artery which confirmed the diagnosis of ALCAPA. Second case: 6 months old boy was referred to us because of respiratory distress. ECG showed Q waves in aVL. Echo showed severely decreased LV systolic function. Coronaries were not clearly seen, so diagnostic cardiac cath performed confirming ALCAPA.

Conclusion: ALCAPA is surgically treatable disease that can present same as DCM. Clinical features and ECG may suggest the diagnosis which can be confirmed by echocardiography. The cardiac catheterization should be performed if echocardiography is inconclusive. ALCAPA should be ruled out in all infants referred with diagnosis of DCM.

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SHA 080. The role of cardiac sonography in a pediatric community setting: Bergamo experience during the last 12 years

Dr.Adib Salim, Dr.ssa Marina Balestra
ASL Bergamo, Pediatric Cardiology, Bergamo, Italy
E-mail address: alepposi@tiscali.it (A. Salim)

Introduction: The history and physical examination often lack the necessary sensitivity and specificity to accurately diagnose cardiac structural and functional abnormalities without further testing. Echocardiography is a more refined and exact diagnostic modality.

Methods: We performed 2D Color-Doppler Echocardiography scan (GE VIVID) on our pediatric population older than one month of age in a community care setting ambulatory over five years period. Analysis of echocardiograms and patient medical records were extracted.

Results: A retrospective analysis of 480 patients referred for echocardiography evaluation over five years period. Of these, (n° 120) studies were performed to assess chest pain, palpitations and syncope. The majority (no 360) of the studies were ordered for the evaluation of heart murmur. We observed that echocardiography was an effective real-time monitoring tool in early detection of post-operative residual heart defects, pericardial effusion, pulmonary and systemic hypertension, as well as, in the follow-up of valve regurgitation, in patients with rheumatic heart fever, nontheless, it is fundamental in early detection of haemodynamic abnormalities in childrens after cancer treatment.

Conclusion: The practice of pediatric care medicine has matured dramatically throughout the past decades, in view of recent technological developments, adequately trained primary care physicians should be encouraged to perform echocardiography in a community care setting, as this modality might be an indispensable tool in the current health care management.

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SHA 081. Medical therapy of pulmonary arterial hypertension: Where and who started treatment?

Muhammad Arif Khan, Motea El Houry, Milad El Segaier
King Fahad Medical City, Prince Salman Heart Centre, Pediatric Cardiology, Riyadh, Saudi Arabia
E-mail address: marifkhan99@yahoo.com (M.A. Khan)

Objective: Treatment of pulmonary arterial hypertension (PAH) by Sildenafil and Endothelin-I antagonist (Bosentan)improve the outcome of these patients. Our aim is to investigate who started treatment and on what basis.

Methods: Between January 2008 and October 2010, 48 patients with suspected PAH were referred to our institute. All underwent ECG, Echocardiogrphy (Echo) and in some patients cardiac catheterization (Cath). Retrospectively patient files were reviewed in regards to age, gender, associated disease or congenital heart disease (CHD),Echo and cath results, treatment type, who started the treatment and where.

Results: Out of 48 patients, 10 patients (21%) were on treatment prior to referral to our institute. Thirty-eight patients were investigated, 6 (12%) underwent cardiac cath. Eighteen patients (36%) started treatment; 14 by pediatric cardiologist, 3 by pediatric pulmonologist, and one by general pediatrician. Sixteen patients are on Sildenafil and two on Sildenafil and Bosantan. Median age was 20 months (3 months–13 years). Male to female ration 1:1.6. Thirteen patients have Down syndrome and 12 of them have associated CHD disease, two patients have pulmonary vein stenosis who treated Sildenafil treatment by inexperienced pediatrician before surgical correction, another patient has large VSD and pulmonary artery band was declared inoperable but cath at 4 years of age revealed reactive pulmonary vascular bed to Nitric Oxide provocation, two patients have other syndromes.